



Baptist Health
FEDERAL CREDIT UNION

Visa Credit Card Authorized User Form

I, _____, hereby authorize, _____
the use of my credit card account. I realize and accept the responsibility for the payment of any and all charges incurred
by both myself and/or the authorized user.

**** An additional card will be ordered and mailed to the primary cardholder's system address.**

PRIMARY CARD HOLDER (PLEASE PRINT)			
VISA ACCOUNT NUMBER		MEMBER NUMBER	
Please complete the following information on the new authorized user. A card will be issued to the new authorized user only if your account is not overlimit or past due at the time of the request.			
NEW AUTHORIZED USER (PLEASE PRINT)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
RELATIONSHIP TO PRIMARY MEMBER ☐ Spouse ☐ Relative ☐ Other _____	STREET ADDRESS	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	PRESENT EMPLOYER	
SIGNATURE OF PRIMARY CARDHOLDER		DATE	
SIGNATURE OF NEW AUTHORIZED USER		DATE	
FOR CREDIT UNION USE ONLY			
☐ Approved	Received by: _____	Date: _____	
☐ Declined	Processed by: _____	Date: _____	